

Approved, SCAO

Original - Friend of the Court  
1st copy - Lien recorder  
2nd copy - Plaintiff

3rd copy - Defendant  
4th copy - Send with notice of perfection  
5th copy - Send with notice to release lien

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY**

**NOTICE OF LIEN**

**CASE NO.**  
(Claimant's Case Number)

Friend of the Court address

FAX no.

Telephone no.

**TO:**

Lien recorder

Plaintiff name, address, and telephone no.

☐ Obligor

**v**

Defendant name, address, and telephone no.

☐ Obligor

**FROM:** Friend of the Court - Claimant (address above)

This lien results from a child support order, entered on

\_\_\_\_\_ by the \_\_\_\_\_ Circuit Court

Date

\_\_\_\_\_ County, Michigan. This order

Date of birth

Obligor's social security no.

requires the above-named obligor to pay child support in the amount of \$\_\_\_\_\_ per\_\_\_\_\_.

As of \_\_\_\_\_ the obligor owes unpaid support in the amount of \$\_\_\_\_\_ and this lien amount is subject to an interest rate of 0%. Michigan support orders accrue a statutory surcharge semi-annually as defined in MCL 552.603a. Prospective amounts of child support, not paid when due, are judgments and accrue to the lien amount. This lien attaches to all non-exempt real and personal property of the above-named obligor, which is located or recorded within the state/county/other subdivision of the state of filing, including any property specifically described as follows:

The priority and enforcement aspects of this lien are governed by the law of the state where the property is located. An obligor must follow the laws and procedures of the state where the property is located or recorded to contest or challenge this lien. This lien remains in effect until released by the claimant or in accordance with the laws of the state of filing.

**Note to Lien Recorder:** Please provide the claimant with a copy of the filed lien, containing the recording information, at the address above.

A. ☐ Issued by a IV-D agency/office As an authorized agent of a state, or subdivision of a state, responsible for implementing the child support enforcement program set forth in Title IV, Part D, of the Federal Social Security Act (42 USC 651 et seq.), I have authority to file this child support lien in any state, or U.S. Territory.

B. ☐ Issued by a private (non IV-D) attorney I am an attorney representing the above-named obligee. I certify that this lien is issued in accordance with laws of the State of Michigan.

For other information regarding this lien, including pay-off amount, contact the claimant at the above address. Please reference the above case number. \_\_\_\_\_  
Signature of authorized agent or attorney for obligee

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Notary public

Notary public, State of Michigan, County of \_\_\_\_\_  
FOC 90 (10/04) NOTICE OF LIEN

OMB Control #: 0970-0153